LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

06-10-2002 90119 028 ****50.00
L01000012138

FILED
02 NOV 18 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012138

1. Entity Name

Conotel, LC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
568 Ninth Street		568 Ninth Street	
Suite, Apt. #, etc. 137		Suite, Apt. #, etc. 137	
City & State Naples, Fl		City & State Naples, FL	
Zip 34102	Country	Zip 34102	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3739673 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Norman C. Burke

Street Address (P.O. Box Number is Not Acceptable): 568 Ninth Street Suite 137

City: Naples FL Zip Code 34102

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________

Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Norman C. Burke / MGRM 568 Ninth Street, suite 137 Naples, FL 34102	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Norman C Burke 6-4-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR ...